

and more free preventive care such as mammograms and colonoscopies. Plus our bill takes the long view to help preserve the life of the Medicare Program. Our bill puts the Medicare Program on sounder financial footing. Our bill will remove from a system that pays for volume to one that pays for value. It would improve Medicare solvency by reforming the way Medicare delivers health care.

Don't just take my word for it. Don't just take President Obama's word for it. Go to the AARP Web site and see what they say. AARP is probably one of the greatest advocates for seniors. This is what AARP says:

Myth: Health care reform will hurt Medicare.

Fact: None of the health care reform proposals being considered by Congress would cut Medicare benefits or increase your out-of-pocket costs for Medicare services.

That is the conclusion of AARP in their letter to seniors.

Myth No. 2. Some say our bill will lead to rationing because we encourage comparative research. That, too, is false. The Institute of Medicine—MedPAC, that is the bipartisan group, nonpartisan group that advises Congress on Medicare payments—and former CMS administrators have all recommended that Congress invest in research to compare what works and what doesn't work in medicine. Groups such as the American Medical Association and the American Health Association support this idea.

Our bill would set up a nonprofit institute to provide for this "comparative effectiveness research." The goal is better evidence, unbiased information that doctors and patients can use to make better health care decisions. Comparative effectiveness research is about giving doctors and patients the best information available on what works so they can decide, the doctors can decide in consultation with their patients, as to what procedure, what drug, makes most sense and what doesn't.

If one treatment works far better than another, then doctors and patients have a right to know. That is what our bill tries to do, it tries to foster the kind of commonsense research that can get better information in the hands of doctors and patients.

Nothing in our bill would ration care—nothing. The new institute could not make coverage decisions or issue medical guidelines. And our bill would prevent the HHS Secretary from using the research to ration care in any way. The Secretary could never use the evidence to discriminate against individuals based on age, disability, terminal illness, or their preferences between length of life and quality of life.

Calling this rationing only supports a delivery system that is pro-waste and antipatient education. That is what opponents will end up doing. That is the effect of it. That is not the type of care people deserve. They deserve the information that comparative effectiveness

research produces to help them make informed health care decisions.

Myth No. 3. Some say our bill will cause premiums to go up. That, too, is false. There are a lot of things in our bill that would cause premiums to go down. Our bill would cut out fraud, waste, and abuse in our health care system. That is going to help. Our bill would spread insurance risk through a much broader population, including younger, healthier people. That would clearly help. And our bill would help to eliminate the cost of uncompensated care, which results in more than \$1,000 in additional premium costs each year for American families. The effects of open competition in our new insurance exchange should bring premiums down as well.

CBO has said there are a lot of factors in whether premiums go up or down and, frankly, they punted on a lot of those factors. But in the one part of premium costs about which they did make a projection, CBO said that premiums would go down. In a September 22 letter CBO said:

CBO currently estimates that about 23 percent of premiums for policies that are purchased in nongroup market under current law go toward administrative costs and overhead.

About 23 percent of premiums for policies goes toward administrative costs and overhead. CBO goes on to say:

Under the proposal, that share would be reduced to 4 or 5 percentage points.

So if 23 percent of costs are administrative overhead under the legislation the committee reported out, that should be reduced by 4 or 5 percentage points. That is lower costs, administrative costs, which should result in lower premiums.

Myth No. 4. Some say you will not be able to keep your insurance. That, too, is false. Nothing in our bill would take people's insurance away from them. No one would be forced into a particular plan. This is the central feature of the way we have gone about health care reform. We have not tried to change the employer-based system, a system Americans know and understand. We improve upon it, make it work a lot better. We have not tried to fix something that is not broken. We have an employer-based system and it is very important we improve upon it, not eliminate it.

Some who do not share our best interests assert that cuts to Medicare Advantage will cause some plans no longer to be offered. We do bring the government's subsidies to Medicare Advantage more in line with the government's own commitment to Medicare, but our bill would not cut benefits under Medicare Advantage. Rather, it would cut out waste in the system to ensure that Medicare is sustainable for years to come.

Even after the cost of marketing and delivering benefits and after making a profit, insurance companies are paid about 14 percent more, on average,

under Medicare Advantage than under traditional Medicare. Insurance companies pad their pocket with those subsidies. Our bill would end those subsidies for insurance companies.

If insurance plans want to pass cuts along to seniors instead of reducing their huge profits, that is up to them. In a competitive market, it will be hard for plans that do that to keep their customers.

Yes, under our bill Medicare Advantage plans will have to compete in the free market. But that has been true of insurance companies generally for as long as there has been insurance. It is true that we in our bill do not guarantee that the government will keep each and every insurance company in business. We should not and we do not, in our bill, guarantee that each and every insurance plan will continue to be offered. Those are business decisions. Those are decisions for the private sector. And that is where we leave it.

It is absurd to say that people will not be able to keep their insurance because the government is going to trim back wasteful subsidies. That is a pretty absurd statement.

Myth No. 5. Some stated our bill will raise taxes. That is false. In fact, our bill is a tax cut. Our bill will cut taxes for millions of Americans. When fully phased in, our bill will cut taxes by tens of billions of dollars every year. Let me restate that. When fully phased in, our bill will cut taxes by tens of billions of dollars every year. And millions of Americans will be able to use those tax cuts to buy health insurance coverage.

Myth No. 6. Some say that a high-cost premium excise tax will raise taxes on working families. That too is false. The bill levies the high-cost premium excise tax on the insurance companies. It will put downward pressure on insurance company profits. And it will put pressure on insurance companies to offer more efficient insurance plans.

In fact, the Joint Committee on Taxation tells us that much of the revenue that the high-cost premium excise tax brings in is because employers will give workers raises. People will avoid insurance plans with high-cost premiums, and as a result employers will raise workers' salaries with the money they save. That is what the Joint Committee on Taxation predicts will happen. That is what they say over and over again in publicly given testimony.

Finally, the biggest myth of all, myth No. 7. Some say our bill is a government takeover of health care. That is so false. We have built our plan on the exchange marketplace that allows choice among private health insurance company products, choice among private health insurance products.

People will be able to choose their own plan. They can choose their own plans among private options. Our bill does not include a public option. We did not include an employer mandate.